State of Nebraska Nebraska Commission for the Deaf and Hard of Hearing 4600 Valley Road, Suite 420 Lincoln, NE 68510-4844

Form D: Application for Limited Practice License

<u>Section A — License Application Category (check one):</u>

of Professional Conduct?

Initial Application	License Renewal	License Reinstatement* * Requires additional form: F			
Section B – License Category	y (check all that apply):				
Sign Language Interpreter	Sign Language Transliterator	Intermediary Interpreter			
Tactile Interpreter	Cued Speech Transliterator	Legal Interpreter			
Oral Transliterator (also called	l Oral Interpreter)	Other:			
Section B — Personal Inform	mation:				
1. Legal Name:		Birthdate: / /			
2. Initial Application — Social	Security Number/Federal ID:	<u></u>			
Renewal or Reinstatement —	- Nebraska Interpreter License Number:				
RID Membership Number (C	Optional):				
3. Mailing Address:					
	(Street/Apt. #/P.O. Box/F	Coute)			
(City)	(State)	(Zip Code)			
4. Home Telephone: ()	Business or Cell P	Phone: ()			
5. E-mail Address:					
6. Submit a copy of one of the	following picture IDs: Driver's Lie	cense Passport Other:			
7. Moral Character:					
Have you ever been convict If yes, official court records a explaining your conviction.		n must be submitted along with a letter from you			
Have you ever been discipli	ined, or are currently the subject of an	ny disciplinary action, in any jurisdiction,			

If yes, submit the type of action, date, and name and address of the entity taking such action along with an explanation letter from you.

related to providing interpreting services or adhering to either the RID Code of Ethics or the NAD-RID Code

Section C — Eligibility Criteria	for Licensing	:					
A copy of your current card or certifi	cation will need to	o be submit	ted with thi	is application	. Check all that ap	ply:	
NIC NIC Master RID Certificate of Transliter RID Interpretation Certificat RID Oral Transliteration Ce RID Oral Interpreting Certificat RID Oral Interpreting Certificat RID Reverse Skills Certificat RID Specialist Certificate: I NAD Interpreter Proficiency State/Agency Issued from: Mid-America QAST —	ration te rtificate icate: Comprehe icate: Spoken to ate Legal	nsive	NIC Adva RID Certi RID Com RID Tran RID Inter RID Certi RID Certi RID Cond	anced ificate of Integrete State of Control of Control pretation Control of C	erpretation Skills Certificate ertificate rtificate/Transliter Certificate: Visib	ation Certi le to Spoke	
State/Agency Issued from:	Transliterating	Level III		Level IV	Level V		
on the RID Code o — Written documentation of has hearing intermediary interproduced in the enclosed with and function of a d — Proof of passing the Mid-Arabaya analogod off	aving completed eter. itten documenta leaf or hard of hereica Quality A	ation proving the caring intensity of the caring intensity of the care of the	ng I have or rmediary	completed 8 interpreter. est written ex	hours of training Yes	g on the ro No	
I have enclosed off Code of Ethics exa		uon oi nav	Yes	i the Mid-A	No	itten	
Proof of passing the Langua I have enclosed pro	oof of passing th	e Languag	e Proficiei	·	w examination.	Yes	No
For Interpreters who do not posse — Must be currently licensed, a more stringent requirements Relating to Sign Language I I have enclosed off another state that length Nebraska.	certified, or regis than Nebraska a nterpreters. icial documenta	tered in and s cited in 00	other state to 03.01 or 00 ding curre	that has subs 03.02 in Neb	raska's Rules and , certification or	Regulation registratio	ns on in
I am eighteen (18) years of age or	older:	Yes	No				
I have obtained a High School dip	loma/or equival	ent:	Yes	No			
Name of Institution Granting the	e Diploma/Certifi	ication:					

Date of Graduation/Program Completion: _____/____

Section D — Licensure Fees:

Limited Practice License Fee or License Renewal Fee: \$25.00 for one year

Reinstatement Fee: \$75.00 + Renewal Fee of \$25.00 for one year

Possible Additional Fees:

\$25.00 Late Charge \$10.00 Duplicate Original License

\$25.00 Certified Statement \$5.00 Verification Fee

Section E — Certification of Applicant:

Certification

I hereby agree that I have knowledge of and comply with the standards set forth in the <u>Regulations Governing the Practice of Interpreting or Transliterating</u> as established by the State of Nebraska and understand the types of misconduct for which disciplinary proceedings may be initiated against me pursuant to said regulations.

I hereby certify that the preceding information is correct to the best of my knowledge. I agree to follow the NAD-RID Code of Professional Conduct as set forth in section 002 of the <u>Regulations Governing the Practice of Interpreting or Transliterating</u> and that I will limit my practice of interpreting and/or transliterating in the State of Nebraska to 30 hours per calendar year as set forth in section 003.04 of those same regulations.

Signature of Applicant	Date

Make check or money order payable to: Nebraska Commission for the Deaf and Hard of Hearing. Send application, all required documents and licensure fee to:

Attention: Lori Burrage Nebraska Commission for the Deaf and Hard of Hearing 4600 Valley Road, Ste. 420 Lincoln, NE 68510